RECEIVED 2005



SEC 1972 Potential persons who are to respond to the collection of information contained in this (6-02) form are not required to respond unless the form displays a currently valid OMB control number.

1/18/22

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response1

SEC USE ONLY

DATE RECEIVED

Serial

Prefix

Name of Offering ([ ] check if this is change.) Series C Preferred Stock	s an amendment and name ha	as changed, an	d indicate	
Filing Under (Check box(es) that apply):	[] <u>Rule 504</u> [] <u>Rule 505</u>	[ X] <u>Rule 506</u>	[ ] Section 4(6)	 [ ] ULOE
Type of Filing: [ X ] New Filing [	] Amendment		PROCE  FEB 18	2005
<b>A.</b> I	BASIC IDENTIFICATION DAT	ΓΑ	THOMS	10000
1. Enter the information requested	about the issuer	***************************************		HAL
Name of Issuer ([ ] check if this is InnerWireless, Inc.	an amendment and name ha	s changed, an	d indicate change.	)
Address of Executive Offices Telephone Number (Including Are 1155 Kas, Suite 200, Rich	•	ite, Zip Code)	(972) 479-9898	3
Address of Principal Business Ope Telephone Number (Including Area (if different from Executive Offices)	erations (Number and Street, a Code)	City, State, Zi		****
Brief Description of Business In-structure wireless tele	ecommunications systems			

Type of Business Organization	
[X] corporation	[ ] limited partnership, already formed [ ] other (please specify):
[ ] business trust	[ ] limited partnership, to be formed
	Month Year
Actual or Estimated Date of Inco	poration or Organization: [0][7] [9][8] [X] Actual [] Estimated
Jurisdiction of Incorporation or O	ganization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [D][E]

# **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

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- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[ ] Promoter [x] Beneficial Owner	[ x ] Executive Officer	[x ] Director [ ]	General and/o Managing Partner
Full Name (Last nam Cantwell, Ed			•	***************************************
	ce Address (Number and Streeless, Inc., 1155 Kas, Suite 20			***************************************
Check Box(es) that Apply:	[ ] Promoter [x] Beneficial Owner	[ x ] Executive Officer	[ ] Director [ ]	General and/o Managing Partner
Full Name (Last nam McCoy, Jam			············	······································
	ce Address (Number and Streeless, Inc., 1155 Kas, Suite 20			***************************************
Check Box(es) that Apply:	[ ] Promoter [ x ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ]	General and/o Managing Partner
Full Name (Last nam Sneddon, W				
	ce Address (Number and Stre eless, Inc., 1155 Kas, Suite 20			
Check Box(es) that Apply:	[ ] Promoter [ x ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ]	General and/o Managing Partner
Full Name (Last nam Stein, Richa				management and an analysis of the second analysis of the second analysis of the second and an analysis of the second and analysis of the second and an analysis of the second and an analy
	ce Address (Number and Stre eless, Inc., 1155 Kas, Suite 20			

Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[x] Director[]	General and/or Managing Partner
Full Name (Last nam Owen, Danie				
	ce Address (Number and Stree eless, Inc., 1155 Kas, Suite 200			
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[x] Director []	General and/or Managing Partner
Full Name (Last nam Kang, Andre	•			······································
	ce Address (Number and Stree eless, Inc., 1155 Kas, Suite 200			
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ x ] Director [ ]	General and/or Managing Partner
Full Name (Last nam Johnston, Do				······································
	ce Address (Number and Stree eless, Inc., 1155 Kas, Suite 200			***************************************
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[x] Director []	General and/or Managing Partner
Full Name (Last nam Crowe, Mich				
	ce Address (Number and Stree eless, Inc., 1155 Kas, Suite 200			
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ x ] Director [ ]	General and/or Managing Partner
Full Name (Last nam Dennis, Mich				
	ce Address (Number and Stree eless, Inc., 1155 Kas, Suite 200			

Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ x ] Director [	] General and/or Managing Partner
Full Name (Last nam Robertson, F				***************************************
	ce Address (Number and Street eless, Inc., 1155 Kas, Suite 200		•	
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[x ] Executive Officer	[ ] Director [	General and/or Managing Partner
Full Name (Last nam McCoy, Chris				
	ce Address (Number and Street eless, Inc., 1155 Kas, Suite 200			
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[x ] Executive Officer	[ ] Director [	] General and/or Managing Partner
Full Name (Last nam Braun, Darla				B-1114-111-11-11-11-11-11-11-11-11-11-11-
	ce Address (Number and Street eless, Inc., 1155 Kas, Suite 200		,	macacacaco companiar casa <del>(a</del> nom)
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[x] Executive Officer	[] Director [ ]	General and/or   Managing   Partner
Full Name (Last nam Kinnear, Tim				***************************************
	ce Address (Number and Street eless, Inc., 1155 Kas, Suite 200			and a second a second and a second a second and a second
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[] Executive Officer	[x ] Director [	] General and/or Managing Partner
Full Name (Last nam Kimzey, Jack				·
	ce Address (Number and Street eless, Inc., 1155 Kas, Suite 200			

Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[x] Executive Officer		General and/or Managing Partner
Full Name (Last nam Jungerman, I				
	ce Address (Number and Stree eless, Inc., 1155 Kas, Suite 200			
Check Box(es) that Apply:	[ ] Promoter [ x ] Beneficial Owner	[] Executive Officer	[ ] Director [ ]	General and/or Managing Partner
Full Name (Last nam Sevin Rosen				***************************************
	ce Address (Number and Stree Tower, 13455 Noel Rd., Suite			oodseedraationseens-in-predicts
Check Box(es) that Apply:	[ ] Promoter [x ] Beneficial Owner	[] Executive Officer	[ ] Director [ ]	General and/or Managing Partner
Full Name (Last nam Technology	e first, if individual) Associates Management Co., L	td.		***************************************
	ce Address (Number and Stree Road, 100B, Plano, Texas, 750		de)	and the second s
Check Box(es) that Apply:	[ ] Promoter [ x ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ]	General and/or Managing Partner
Full Name (Last nam Rho Venture				
Business or Residen 152 West 57	ce Address (Number and Stree <sup>th</sup> Street, New York, New York	t, City, State, Zip Coo 10019	de)	***************************************
Check Box(es) that Apply:	[ ] Promoter [ x ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ]	General and/or Managing Partner
Full Name (Last nam Massey Burd	e first, if individual) ch Capital Corp.			***************************************
	ce Address (Number and Stree Boulevard, Suite 350, Nashville		de)	

Check Box(es) that Apply:	[ ] Promoter [ x	] Beneficial Owner		ecutive ficer	[ ] Director [	] General and/or Managing Partner
Full Name (Last name HO2 Partners		)	***************************************			
Business or Residence 13455 Noel F	e Address (Numb load, Suite 1670,			te, Zip Code)		<u>andra and and and and and and and and and an</u>
Check Box(es) that Apply:	[ ] Promoter [ x	] Beneficial Owner		ecutive ficer	[ ] Director [	] General and/or Managing Partner
Full Name (Last name Johnson Con		)				
Business or Residence 5757 North G	e Address (Numbreen Bay Avenue				· · · · · · · · · · · · · · · · · · ·	***************************************
Check Box(es) that Apply:	[ ] Promoter [ x	] Beneficial Owner		ecutive ficer	[ ] Director [	] General and/or Managing Partner
Full Name (Last name Genesis Cam		1)	***************************************			
Business or Residence One Lincoln (	ce Address (Numi Center, Suite 155				40	cago cuancidade de desenvolucións
Check Box(es) that Apply:	[ ] Promoter [ ]	Beneficial Owner		ecutive ficer	[ ] Director [	] General and/or Managing Partner
Full Name (Last name Holman, Willi		1)	***************************************			
Business or Residence c/o InnerWire	ce Address (Numl less, Inc., 1155 K				081	

***************************************		***************************************	E	. INFO	RMATIO	N ABOU	T OFFE	RING	***************************************	***************************************	CONTROL OF THE PROPERTY OF THE	
	the issu	uer sold,	, or does	the issi	uer inten	d to sell,	to non-a	accredite	d investo	ors in this	;	Yes []
			Answ	er also	in Apper	ndix, Col	umn 2, if	filing un	der ULO	E.		
2. Wha	at is the	minimu	m invest	ment the	at will be	accepte	ed from a	ny indivi	dual?			N/A
3. Doe	s the of	fering pe	ermit joir	nt owner	ship of a	ı single ı	ınit?			•••••		Yes
or indi: with sa broker dealer	rectly, a ales of s or deal . If more	ny comr ecurities er regist e than fiv	mission of the control of the contro	or simila offering. h the SE ersons to	r remune If a pers EC and/o	eration fo on to be or with a d are as	or solicitation listed is state or sociated	states, lis	urchaser ciated pe it the nar	s in conr rson or a ne of the		•
Full Na	ame (La	st name	first, if i	ndividua	l) N/A							
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	de)			
Name	of Asso	ciated E	Broker or	Dealer								
							to Solic	it Purcha	sers	r	1 + 11 0	
					tates)		(DE)	(0.0)	r=1.3	[	] All State	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN]	[IA] [NV]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[RI]	[NE] [SC]	[SD]	[NH] [TN]	[NJ] [TX]	[MM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Na	ame (La	ıst name	e first, if i	ndividua	al)	***************************************	····		***************************************		***************************************	
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, (	City, Stat	e, Zip Co	ode)			
Name	of Asso	ciated E	Broker or	Dealer								
					olicited on tates)		to Solic	it Purcha	sers	[	] All State	s.
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[/\_]	[IN]	[IA]	[KS]	[KY]	[LA]	[O1] [ME]	[MD]	[MA]	[, L] [MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	ame (La	ıst name	e first, if i	ndividua	al)	Managaran (1990)	···········	***************************************	••••••	***************************************	***************************************	
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, (	City, Stat	e, Zip Co	ode)	••••••••••••••••••		
Name	of Asso	ciated E	Broker o	Dealer	***************************************	***************************************			Model Control	000000000000000000000000000000000000000		
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already

and aiready exchanged.		
Type of Security Debt	Aggregate Offering Price -0-	Amount Already Sold -0-
Equity	\$10,000,000.00	\$5,922,758.00
Convertible Securities (including warrants)  Partnership Interests  Other (Specify	\$ -0- \$ -0- \$ -0- \$10,000,000.00	\$
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
Accredited Investors  Non-accredited Investors  Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.	Number Investors16 \$	Aggregate Dollar Amount of Purchases \$ <u>5,922,758.00</u> \$
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		_\$
Regulation A		_\$ \$
Total		- Φ \$
I VIGI III.		_ Ψ

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the

estimate.		
Transfer Agent's Fees	•••••	[ ]\$
Printing and Engraving Costs		[ ]\$
Legal Fees		[x] \$30,000
Accounting Fees		[]\$
Engineering Fees		[]\$
Sales Commissions (specify finders' fees separately)		[ ]\$
Other Expenses (identify)		[]\$
Total		[x] \$30,000
c. Enter the difference between the aggregate offering price given in Question 1 and total expenses furnished in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 1 and total expenses furnished gross proceeds to the ssuer used or proposed to be used for each of the purposes shown the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments isted must equal the adjusted gross proceeds to the issuer set forther response to Part C - Question 4.b above.	uestion 4.a. This	\$ <u>5,892,758.00</u>
esponse to 1 art 0 - Question 4.b above.	Payments to	
	Officers,	
	Directors, &	Payments To
	Affiliates	Others
Salaries and fees	[]\$	[]\$
Purchase of real estate	[]\$	[]\$
Purchase, rental or leasing and installation of machinery and equipment	[]\$	[]\$
Construction or leasing of plant buildings and facilities	[]\$	[]\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer	[]\$	[]\$
pursuant to a merger)		
Repayment of indebtedness	[]\$	[]\$
Working capital		[x] \$ <u>5,892,758.00</u>
Other (specify):		[]\$
		[]\$
Column Tatala		
Column Totals Total Payments Listed (column totals added)		[x] <u>\$5,892,758.00</u>
TOTAL FAVITEDIS LISTEU (COMMINI TOTALS AUGEO)	IXI 200	.034.730.00

## D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under <u>Rule 505</u>, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of <u>Rule 502</u>.

Issuer (Print or Type)	Signature Date		
InnerWireless, Inc.	February 11, 2005		
Name of Signer (Print or Type)	Title of Signer (Print or Type)	***************************************	
Tim Kinnear	Chief Financial Officer	Chief Financial Officer	

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)